



Elite Media Imaging

AUTOMATIC BILLING AUTHORIZATION FORM

Company Name: _____

ID Number: _____

FROM CREDIT CARD:

I authorize you to charge my bill directly to the credit card(s) listed below:

Primary Card Account

Secondary Card Account

Name on credit card (exactly as printed)

Name on credit card (exactly as printed)

Billing Address for credit card (Street, Apt. #)

Billing Address for credit card (Street, Apt. #)

City, State Zip

City, State Zip

Credit card number

Expiration Date

Credit card number

Expiration Date

Signature

Today's Date

Signature

Today's Date

- Bill all charges to the above card(s). Since the payment amount may vary, I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date.
- This authorization is valid until I provide you with written cancellation.